

BABY & ME – Tobacco Free Program

REFER-TO-QUIT Form

Refer to: Stark County Health Department



PROGRAM ELIGIBILITY

Is the pregnant woman 36 weeks or less gestation? Yes / No (Circle One)

Is the pregnant woman a current tobacco user, quit since becoming pregnant, or quit within 3 months of becoming pregnant? Yes / No (Circle One)

*If either answer is 'No', she is not eligible to enroll in the BABY & ME-Tobacco Free Program.
For more information, please contact us.*

CLIENT INFORMATION (PLEASE PRINT)

Client Name _____ Date of Birth ____/____/____

Email _____

Phone _____ Estimated Due Date ____/____/____

I (undersigned) agree to be referred to the BABY & ME-Tobacco Free Program (BMTFP). I agree for the Facilitator of BMTFP to receive my personal information, to contact me, and to communicate my program status back to you as the Referring Organization.

Client Name (print) _____

Client Signature _____ Date _____

REFERRING ORGANIZATION (PLEASE PRINT)

Agency Name _____

Contact Name _____

Email _____ Phone _____

BMTFP Contact Information:

Allie DeVore, BSN, RN

Unit Manager

Stark County Health Department

7235 Whipple Ave NW, North Canton, OH 44720

330-493-9914 x 2056 /Fax: 330-493-9932

